

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023723

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 93

STATE FILE NUMBER

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WarrensburgLength of stay in 1b  
1 Yrs.c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Ross Nurseing HomeInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Lafayette

c. CITY OR TOWN Odessa

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Ida Mae Barton4. DATE OF DEATH Month Day Year  
June 28, 19625. SEX  
Female6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
7-18-829. AGE (last birthday)  
79IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
Bookkeeper10b. KIND OF BUSINESS OR INDUSTRY  
Telephone Co.11. BIRTHPLACE (City and state or country)  
Aullville, Mo.12. CITIZEN OF WHAT COUNTRY  
U. S. A.13a. FATHER'S NAME  
Thos. D. Hammonds13b. MOTHER'S MAIDEN NAME  
Ida Letton14. NAME OF HUSBAND OR WIFE  
None15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Address  
Mrs. Kathryn Dunkeson, Odessa, Mo.18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Atherosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to 6-28-62 and last saw her 6-27-62  
Death occurred at 10:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
Burial

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Husman-Sparks, Odessa, Mo.

June 29, 1962 Savannah Smithfield

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 10 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William T. Sparks*

Licensed Embalmer No. 4431

P. O. Address Odessa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.